

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**MS. KIMBERLY RASMUSSEN**

Mailing Address 3507 CREST NOCHE DRIVE

City	State	Zip Code
SAN ANTONIO	TX	78261-2675

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.314747**

Date of Receipt

**06 / 12 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

**B. Full Name (Last, First, Middle Initial)**

**MS. KIMBERLY RASMUSSEN**

Mailing Address 3507 CREST NOCHE DRIVE

City	State	Zip Code
SAN ANTONIO	TX	78261-2675

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.342165**

Date of Receipt

**06 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**C. Full Name (Last, First, Middle Initial)**

**MR. THOMAS RASTIN**

Mailing Address 1240 GAMBIER ROAD

City	State	Zip Code
MOUNT VERNON	OH	43050-3842

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ARIEL CORP.

Occupation  
EVP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

**Transaction ID : SA17.317657**

Date of Receipt

**06 / 18 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**Subtotal Of Receipts This Page (optional)**.....

5550.00

**Total This Period (last page this line number only)**.....